**School Questionnaire**

|  |  |
| --- | --- |
| **Pupil’s name and surname:** |  |
| Date of birth: |  |
| Home address: |  | Tel.: |  |
| Postcode: |  | E-mail: |  |
| Nationality:  |  | Current status: |  |
| Native language: |  |
| In Czech Republic from: |  | Placed in |  | class (year) |
| School: |  | Now in |  | class (year) |
| Reason counselling services requested: |  |

**Pedagogical diagnostics**

|  |  |
| --- | --- |
| Current level of mastery of the Czech language: |  |
| * Reading (technique, comprehension):
 |  |
| * Writing:
 |  |
| * Speaking:
 |  |
| * Listening:
 |  |
| Other foreign languages:  |  | Knowledge level: |  |
| Mathematics: |  |
| Grades in previous education: |  |
| Interests, hobbies and other strengths: |  |

**Probable causes of pupil’s difficulties** *(please check)*

|  |  |
| --- | --- |
| [ ]  Health problems, increased fatigue[ ]  Higher absence rate[ ]  Sensory defects[ ]  Speech impediments[ ]  Maladroitness[ ]  Slow pace of work[ ]  None or little knowledge of Czech[ ]  Lack of talent for learning [ ]  Exceptional talent for learning[ ]  Lack of interest in learning[ ]  Gaps in curriculum from previous years[ ]  Memory problems[ ]  Quick tempered, impulsive | [ ]  Lack of concentration[ ]  Motor restlessness[ ]  Shyness/timidity, oversensitivity[ ]  Strange personal behaviour[ ]  Introversion[ ]  Bullying[ ]  Aggressive behaviour, disobedience[ ]  Drug addiction[ ]  Insufficient preparation at home[ ]  Family environment[ ]  Other living conditions[ ]  Different cultural environment[ ]  other causes:  |

**Current situation in class**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Number of pupils in class:  |  | Of which with recognised support measures of level 2-5: |  | pupils |
| Number of pupils in class with insufficient knowledge of teaching language: |  |
| Number of pupils in class using pedagogical intervention: |  |
| Assistant teacher in class:  | Yes – No | Part-time/Full-time: |  | until: |  |
| Special education teacher: | Yes – No | School psychologist:  | Yes – No |

**Measures taken by school to date to help pupil** *(please check)*

[ ]  Direct support by teacher (what kind):

[ ]  Education support plan (please append to questionnaire, including assessment and other proposed measures)

[ ]  Individual education plan (please append assessment of IEP to questionnaire)

[ ]  Modification of content (what kind):

[ ]  Modification of assessment (what kind):

[ ]  Modification of organisation of education (what kind):

[ ]  Pedagogical intervention (mentoring, tutoring, re-education)

[ ]  Subject of special education care (scope, lessons during available hours, content):

[ ]  Subject of special education care (scope, rehabilitation care, care above and beyond scope of lessons, content):

[ ]  Work with class collective

[ ]  Special textbooks, aids, software etc. (what kind):

[ ]  Staffing assistance (assistant teacher, school psychologist / special education teacher, other)

[ ]  Language training in accordance with Section 20 (from when, where, in what scope):

[ ]  Placement in class / school in accordance with Section 16(9)

[ ]  other (please specify):

**Cooperation with guardian:**

|  |  |
| --- | --- |
| Communication with the guardian takes place:  | by telephone, by email, in person, via diary, etc. |
| Language of communication with guardian: |  |
| Level of understanding between school and guardian: |  |
| Ability of guardians to help child prepare for school: |  |

**Questionnaire filled in on:**